

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Title:: METHOD AND APPARATUS FOR SYNCHRONIZED
TRANSPORT OF DATA THROUGH AN
ASYNCHRONOUS MEDIUM
Attorney Docket Number:: S0031/7000
Request for Early Publication?:: No
Request for Non-Publication?:: Yes
Suggested Drawing Figure:: 4
Total Drawing Sheets:: 15
Small Entity:: Yes
Petition Included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Mark
Family Name:: Smith
City of Residence:: Westford
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 27 Tenney Road
City of Mailing Address:: Westford
State or Province of Mailing Address:: Massachusetts

Postal or Zip Code of Mailing Address:: 01886

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Shiping
Family Name:: Li
City of Residence:: Acton
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 3 Walnut Street
City of Mailing Address:: Acton
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 01720

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: James
Family Name:: Pasco-Anderson
City of Residence:: Needham
State or Province of Residence:: Massachusetts
Country of Residence:: U.S.A.
Street of Mailing Address:: 389 Grove Street
City of Mailing Address:: Needham
State or Province of Mailing Address:: Massachusetts
Postal or Zip Code of Mailing Address:: 02492

Correspondence Information

Correspondence Customer Number:: 021127
Phone Number:: (617) 367-4600

Fax Number:: (617) 367-4656
E-Mail Address:: bjobse@kjpat.com

Representative Information

Representative Customer Number::	021127
----------------------------------	--------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of		
	Continuation of		

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
			Yes

Assignee Information

Assignee Name:: Sonus Networks, Inc.
Street of Mailing Address:: 5 Carlisle Road
City of Mailing Address:: Weston
State or Province of Mailing Address:: Massachusetts
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 01886